

P.I.P.P.I.: What has changed? How and why? The empirical evidence

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Abstract

This paper provides a summary of the results of the P.I.P.P.I. Program in achieving the prefixed goals on the final, intermediate and proximal outcome variables, regarding children's development, the positive exercise of parental competences and the effective action of services respectively. Therefore, the main purpose is to describe the impact of the program on the overall well-being of children and families in relation to the processes implemented. This is possible thanks to the wealth of information gathered by professionals through the tools provided for the analysis, design and monitoring activities in the work with families.

Keywords: program evaluation, outcome, process evaluation, impact evaluation, change.

Abstract

Questo articolo riporta una sintesi dei risultati del Programma P.I.P.P.I. relativamente al raggiungimento degli obiettivi prefissati rispetto alle variabili di esito finali, intermedie e prossimali, che riguardano rispettivamente lo sviluppo dei bambini, l'esercizio positivo della genitorialità e un'azione efficace dei servizi. Lo scopo è dunque descrivere l'impatto del programma sullo sviluppo dei bambini e sulle capacità genitoriali in relazione ai processi messi in atto nella realizzazione dell'intervento. Ciò è possibile grazie alla ricchezza delle informazioni raccolte dagli operatori attraverso gli strumenti offerti dal programma nelle attività di analisi, progettazione e monitoraggio del lavoro con le famiglie.

Parole chiave: valutazione di programmi di intervento, variabile-risultato, valutazione di processo, valutazione di impatto, cambiamento.

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1. *Introduction*

P.I.P.P.I. aims at using the method of the Participative and Transformative Evaluation (PTE, cf. Milani and Serbati, in this RIEF number; Serbati *et al.* 2016) in order to nurture the circular process of research-training-intervention as a wide learning opportunity to influence and improve social work with vulnerable families at different levels: with families, the local authority and the national policy. Hence, the tools are used both for supporting the work with families and for collecting data to evaluate it.

The professionals of the Multidisciplinary Team use the tools chosen for the Evaluation Plan to facilitate the work for and with families according to the program schedule. They compile the tools and record data for each child and his/her family on RPMonline (cf. Ius in this RIEF number).

Considering the confidentiality of the data according to the level of the action with families, the data are available to the whole community of the practice-research-learning of the P.I.P.P.I. Program, made up of more than 3.300 professionals. Then, researchers use the database to analyse data and report on the results of the program for each implementation, both at the key times and at the end.

This is done within two contexts:

- with professionals, during training and tutoring meetings to reflect on the work process and integrate the knowledge provided by the analysis and the collective reflection in the following steps of the intervention, also by discussing individual or group results with families;
- with the Ministry and the Regions, as a way to inform and contribute to the next step of policy making and managing.

The use of the same tools for the intervention and the evaluation, the outcome evaluation and the reflection on the results – at individual, local, and national level – indicates that, through the evaluation, the P.I.P.P.I. Program meets the knowledge need about the evidence on the program. At the same time, it provides professionals with a set of tools to improve or empower the process of evaluation as an essential part of their everyday work with families. Therefore, according to the PTE, evaluation is a *habitus* of each professional whose work commitment is also to share the “power of evaluating” with all people he/she works with (families, and colleagues). This is the main reason why, in the P.I.P.P.I. program, professionals (rather than researchers) are the main responsible of evaluation. The use of the same tools for intervention and evaluation is coher-

ent with the method, beside the fact of not overloading professionals with the duty to fill out tools to dive data for an external evaluation. By the means of training and involvement, the evaluation could become a way of intervention, being able to empower families and to transform the practice realized with families (Patton, 1998). Therefore, professionals and researchers are co-responsible of each evaluative action. Their roles are complementary and strongly interconnected; showing the results of their work is an ethical imperative towards families, communities, services and government.

The evaluation plan requests professionals to use the essential tools (Pre-Postassessment, *Child's World* Questionnaire, SDQ, and several functions of *RPMonline*; cf. Ius, in this RIEF number) in two times of "data gathering": T0 at the beginning of the work with families and T2 at the end of the program, after 16 months. Hence, evaluation is realised through a pre-post design, where the longitudinal changes in outcomes on families and children are evaluated from the beginning (T0) to the end (T2) of the program.

Between T0 and T2, families and professionals work together to reach the outcomes that have been previously defined, by assessing and micro-planning the sub-dimensions of the "triangle". An optional evaluation in the middle of the periods (T1) is also possible and promoted.

The program is evaluated focusing on Final, Intermediate and Proximal outcomes:

- the Final outcomes are to guarantee the children's safety, promote their development and the cognitive, emotional, psychosocial skills and to prevent child placement out-of-home;
- the Intermediate outcomes refer to the role of parents in meeting and being responsible of children's needs through positive parenting (learning new ways to meet physical, psychological and educational needs);
- the Proximal outcomes regards the participation and collaboration of parents within the care and decision-making process, the support given to parents to being responsible of their children (in a sufficiently intense, coherent, and continuous way) and the promotion of a collaborative environment between professionals, family members and other carers.

All these aspects regard the integration of different interventions to promote children's well-being and development.

This paper reports on the data and results of the second, third and fourth edition of the P.I.P.P.I. Program, implemented in 2013-14, 2014-

15 and 2015-16 respectively (cf. Milani, in this RIEF number). The first implementation was used as a “pilot”.

The outcome and process evaluation alongside the different implementation were both:

- internal, to describe and study the change within the families from T0 to T2;
- external or “counterfactual”, by a specific research conducted in 12 local authorities where a group of P.I.P.P.I. families was compared to another group of families receiving the usual care path.

After the description of the families and children involved in the program across editions, the empirical results of the evaluation are presented. These results are about the intermediate and final outcomes, with regard to families and children, as well as the proximal outcomes, which are about the implementation and process aspects. The counterfactual study is shown in a dedicated paragraph.

2. The subjects: children and families in the P.I.P.P.I. Program

From 2013 to 2016, the Ministry promoted the program funding 102 local authorities: 9 metropolitan cities in P.I.P.P.I.2, and 47 plus other 47 local authorities, in P.I.P.P.I.3 and 4 respectively. The program was implemented involving 1.271 children living in 1.031 families.

More than 80% of children are in school age, with a prevalence of children in primary school (53%). Only 5% of children attend secondary school and they are mainly siblings of other children included in the program who respect the target age. Very young children, less than three years old, are also present in the percentage of 5%. The remaining 14% are children with age between three and five years. Children born in Italy are 96%, but only 84% has Italian citizenship, compared to 16% of children without Italian citizenship that are overrepresented. According to the 2016 national Census data, the foreign children resident in Italy are the 11% of the same age population (our elaborations on Census data downloaded from <http://demo.istat.it/>). 287 children, i.e. 23% of the total, has been certified with Special Educational Needs (BES), as defined by CM 8/2012, which includes three major sub-categories: disability, specific developmental disorders, socioeconomic, linguistic and cultural disadvantage. This incidence is nearly three times what has been estimated for the whole population of Italian students (8%; cf. <http://www.orizzontescuola.it/>)

Table 1. Cities, children and families by region

| Region | No. municipality or territory involved | Children | | Families | |
|-----------------------|---|---------------|---------|---------------|---------|
| | | Abs. value | % value | Abs. value | % value |
| Abruzzo | 2 | 19 | 1,5 | 18 | 1,7 |
| Basilicata | 2 | 17 | 1,3 | 17 | 1,6 |
| Calabria | 4 | 60 | 4,7 | 41 | 4,0 |
| Campania | 8 | 86 | 6,8 | 76 | 7,4 |
| Emilia Romagna | 8 | 119 | 9,4 | 87 | 8,4 |
| Friuli Venezia Giulia | 2 | 21 | 1,7 | 20 | 1,9 |
| Lazio | 7 | 79 | 6,2 | 64 | 6,2 |
| Liguria | 3 | 37 | 2,9 | 31 | 3,0 |
| Lombardia | 19 | 251 | 19,7 | 188 | 18,2 |
| Marche | 2 | 23 | 1,8 | 22 | 2,1 |
| Molise | 2 | 16 | 1,3 | 15 | 1,5 |
| Piemonte | 7 | 135 | 10,6 | 103 | 10,0 |
| PA Bolzano | 1 | 9 | 0,7 | 8 | 0,8 |
| Puglia | 7 | 82 | 6,5 | 63 | 6,1 |
| Sardegna | 4 | 39 | 3,1 | 35 | 3,4 |
| Sicilia | 6 | 74 | 5,8 | 68 | 6,6 |
| Toscana | 7 | 76 | 6,0 | 66 | 6,4 |
| Umbria | 2 | 24 | 1,9 | 19 | 1,8 |
| Veneto | 9 | 104 | 8,2 | 90 | 8,7 |
| Total | 102 | 1.271 | 100 | 1.031 | 100 |

sono-circa-milione-bes-italia, last access on June 2017). Regarding the type of family, only 52% of children live with both parents: more than 40% lives indeed within a single parent family, while according to the ISTAT data from the 2011 Census, the same type of family represents the 23% of the Italian households with children (our elaboration from data downloaded from <http://dati-censimentopopolazione.istat.it>). Finally, at T0, a percentage of 6% children lives in foster care, residential care or with relatives.

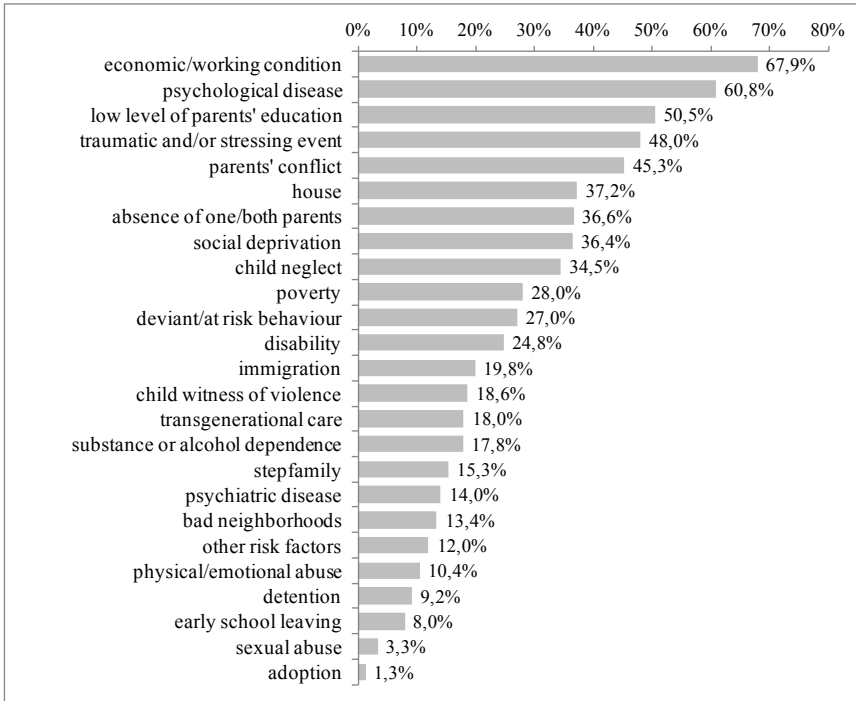
Table 2. Children by socio-demographic characteristics

| | P.I.P.P.I.2 | P.I.P.P.I.3 | P.I.P.P.I.4 | Total | |
|----------------------------------|-------------|-------------|-------------|------------|---------|
| | | | | Abs. value | % value |
| <i>Age</i> | | | | | |
| 0-2 years | 15 | 22 | 27 | 64 | 5,0 |
| 3-5 years | 32 | 73 | 71 | 176 | 13,8 |
| 6-10 years | 91 | 294 | 284 | 669 | 52,6 |
| 11-13 years | 47 | 167 | 86 | 300 | 23,6 |
| 14-17 years | 13 | 44 | 5 | 62 | 4,9 |
| <i>Nationality</i> | | | | | |
| Born abroad | 15 | 26 | 15 | 56 | 4,4 |
| Born in Italy | 21 | 72 | 56 | 149 | 11,7 |
| Italian | 162 | 502 | 402 | 1066 | 83,9 |
| <i>Disability</i> | | | | | |
| With special educational needs | 23 | 154 | 110 | 287 | 22,6 |
| Without special educational need | 175 | 446 | 363 | 984 | 77,4 |
| <i>Type of family</i> | | | | | |
| Both parents | 93 | 336 | 230 | 659 | 51,8 |
| Single parent | 92 | 242 | 204 | 538 | 42,3 |
| Out of family | 13 | 22 | 39 | 74 | 5,8 |
| <i>Total</i> | | | | | |
| Abs. value | 198 | 600 | 473 | 1271 | 100 |
| % value | 15,6 | 47,2 | 37,2 | 100 | |

We can trace a first description of the families involved in the program by observing the vulnerabilities reported by professionals through the Preassessment. Figure 1 indicates the percentage of households that experienced a specific vulnerability at T0.

In the following table, individual vulnerabilities are combined into macro-categories constructed on the base of their observed correlations and underlying meanings. The frequencies highlight economic disad-

Figure 1. Families by vulnerability conditions



Note: More than one vulnerability can be observed for the same family.

vantage as the overwhelming area (83% across editions); in this category, precarious economic/working conditions and parents' low level of education prevail. The second more frequent group of vulnerabilities, with an overall percentage of 71%, regards couple conflict and alterations in family composition due to absence of one or both parents, stepfamily and difficult adoption. Psychological problems are also observed with high frequency (61%): almost half of families (48%) has in fact experienced a traumatic or stressing event. A similar percentage of families faced conditions of social deprivation or immigration, considered as a risk factor. Professionals report child neglect for around one third of families; they also frequently select families that have been in transgenerational care without any evident improvement.

The services already available to families at T0 are presented in Table 4, where frequencies refer to macro-areas of intervention. They respond to the observed vulnerabilities and are mainly related to psychological

Table 3. Families by macro-area of vulnerabilities

| | P.I.P.P.I.2 | P.I.P.P.I.3 | P.I.P.P.I.4 | Totale |
|-------------------------------------|-------------|-------------|-------------|--------|
| Economic deprivation | 79,0 | 83,9 | 82,9 | 82,8 |
| Perturbations of family equilibrium | 70,3 | 69,6 | 73,2 | 71,2 |
| Psychological problems | 58,7 | 57,0 | 65,4 | 60,8 |
| Traumatic and/or stressing event | 47,1 | 46,5 | 49,9 | 48,0 |
| At risk conditions/behaviour | 55,1 | 49,4 | 43,9 | 47,8 |
| Social deprivation or immigration | 44,9 | 50,8 | 43,4 | 46,9 |
| Child neglect | 31,2 | 38,5 | 31,4 | 34,5 |
| Disability or psychiatric diseases | 26,1 | 35,3 | 35,6 | 34,2 |
| Child abuse or witness of violence | 22,5 | 29,3 | 21,5 | 25,0 |
| Transgenerational care | 12,3 | 17,4 | 20,3 | 18,0 |
| Total | 100 | 100 | 100 | 100 |

Note: More than one macro-vulnerability can be observed for the same family.

Table 4. Families by macro-area of services active at T0

| | P.I.P.P.I.2 | P.I.P.P.I.3 | P.I.P.P.I.4 | Totale |
|-----------------------|-------------|-------------|-------------|--------|
| Psychological area | 61,1 | 73,4 | 63,7 | 67,7 |
| Economic area | 51,1 | 61,3 | 60,0 | 59,4 |
| Child support | 63,4 | 58,8 | 55,7 | 58,1 |
| Parents support | 29,0 | 35,8 | 29,8 | 32,3 |
| Social inclusion | 17,6 | 24,8 | 23,6 | 23,3 |
| Out-of-home placement | 9,2 | 11,2 | 8,8 | 9,9 |

support, which regards 68% of families across the program editions. Both economic support and services specifically targeted to children are observed in about 60% of families. In the last category, home socio-educational care is reported more frequently (for more than 40% of households). Finally, out-of-home placement was activated for 10% of families.

3. Empirical evidence

3.1. Final and intermediate outcomes

Both the *Child's World Questionnaire* (CWQ) and the Pre-Post-assessment report a statistically significant improvement for families and children in all dimensions.

Responses provided by professionals in relation to families' situations at the end of the program indicate that for 51% of families the care process continues with a lighter intervention and 7% of families are no more in care because of the improvement in their situation. Only a few families (5%) expressed their unwillingness to continue the experience beyond the end of the program.

Table 5. Families by situation at the end of the program

| | P.I.P.P.I.2 | P.I.P.P.I.3 | P.I.P.P.I.4 | Totale | |
|---|-------------|-------------|-------------|------------|---------|
| | | | | Abs. value | % value |
| The care process continues with lighter interventions | 63 | 244 | 221 | 528 | 51,2 |
| The care process continues with more intensive interventions | 30 | 118 | 98 | 246 | 23,9 |
| The care process concluded because the situation had improved | 15 | 22 | 34 | 71 | 6,9 |
| Parents have expressed their unwillingness to continue the experience | 8 | 19 | 21 | 48 | 4,7 |
| The family moved to other city and/or changed the reference service | 7 | 9 | 13 | 29 | 2,8 |
| Out-of-home placement of one or more children of the family | 5 | 8 | 6 | 19 | 1,8 |
| No information | 6 | 41 | 55 | 102 | 9,9 |

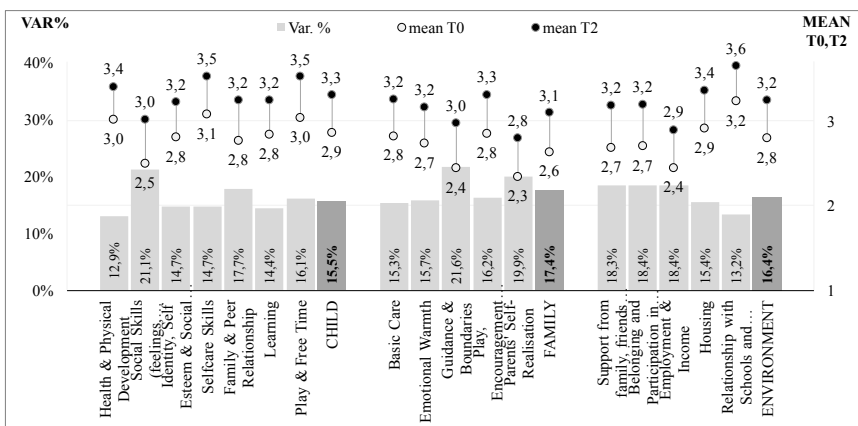
Note: More than one situation can be observed for the same family.

Regarding the placement out-of-home, 3.5% of families received this type of intervention in P.I.P.P.I.2; it is less used in the next implementations of the program, for 1.8% and 1.4% of households in P.I.P.P.I.3 and P.I.P.P.I.4 respectively. Furthermore, data show that, in these last editions, the decision on placement was made in a more inclusive way, i.e. within a family preservation oriented plan and not just as a measure of child protection.

Figure 2 shows the mean value at T0 and T2 of the scores attributed by professionals to children for each individual sub-dimension of CWQ. The changes observed from the beginning to the end of the program are all positive and statistically significant and they indicate an improvement between 0.4 and 0.5 points of the Likert scale in absolute value. The means refer to the whole sample of children involved in the P.I.P.P.I. program across editions: results do not change by considering each single implementation.

The family side, where the starting levels indicate a more problematic situation, reports the highest percentage variation. What we can generally observe, even focusing on territorial macro-area and regions by edition, are the worst average scores of the following sub-dimensions: Social Skills (feelings, communication, behavior) on the Child side; Guidance, Boundaries and Parents' Self-Realization on the Family side; Employment, Income on the Environment side. Conversely, among the

Figure 2. The Child's World Questionnaire: average levels at T0 and T2 and percentage variation of all sub-dimensions



Note: All P.I.P.P.I. implementations considered. Percentage variations on the left vertical axis; levels on the right one.

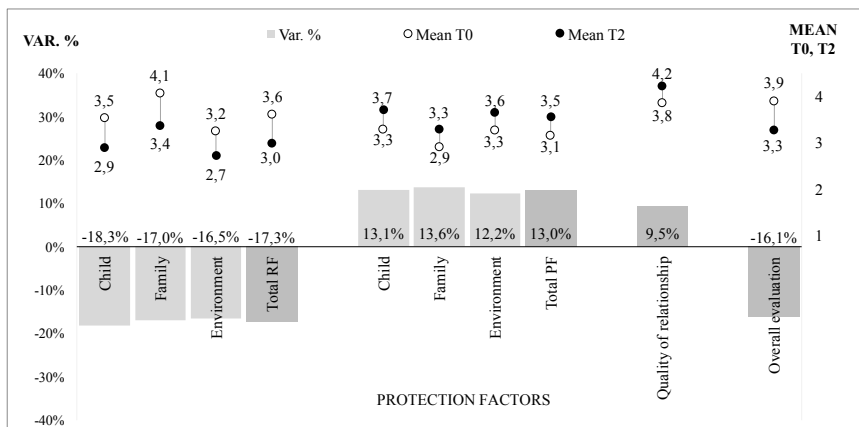
variables with the highest average scores, Relationship with School and other Services systematically stands.

Conditions relatively more difficult on the Family side can also be observed from the scores reported in the Pre-Postassessment. Family is, in fact, characterised by the highest and the smallest average levels of risk and protection respectively (Figure 3). Environment is instead the less risky: at T0 the relative mean number of risk factors is 3.2 versus 4.1 on the Family side in the Likert scale. Differences are modest in protection factors, which show low variability among Child, Family and Environment at both times T0 and T2.

Anyway, data reported by professionals in the Pre-Postassessment show a decrease in risk factors and an increase in protection factors for all the three sides of the Child’s World. Such variations are particularly intense on risk factors, which change to a greater extent: the overall evaluation of the child’s risk to be placed outside the family decreases by 16 percentage points. The quality of the relationship between parents and services also improves (+10%).

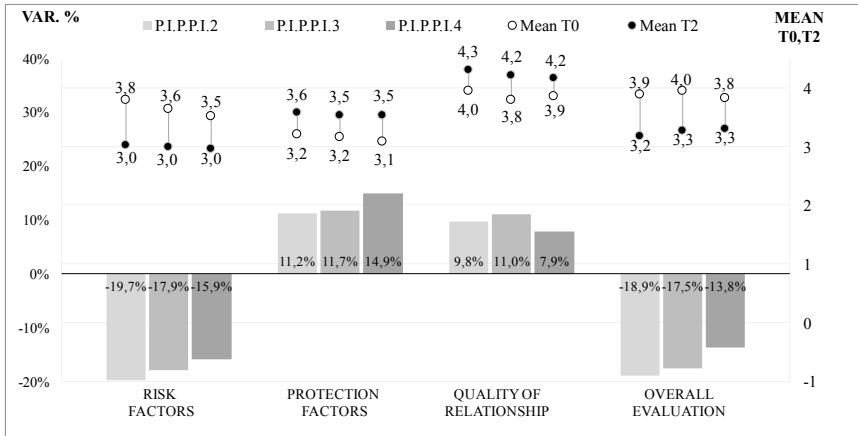
Results are quite similar by comparing the three implementations of the program, however a decreasing trend in the number of risk factors perceived by professionals may be highlighted from the second to the fourth edition, probably as a consequence of a change in their attitude towards families thanks to the whole training and learning process of the program.

Figure 3. Pre-Postassessment: average levels at T0 and T2 and percentage variation of the scores



Note: All P.I.P.P.I. implementations considered. Percentage variations on the left vertical axis; levels on the right one.

Figure 4. Pre-Postassessment: percentage change in scores by edition of the program



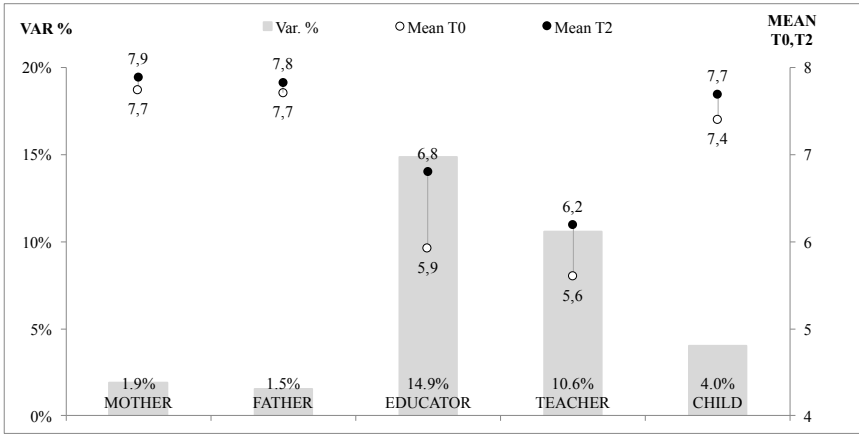
Concerning the SDQ, results are displayed in figures 5 and 6, where P.I.P.P.I.3 and P.I.P.P.I.4 data are jointly analysed. Significant variations in children’s pro-social behaviors are reported only by educators and teachers, whose perceptions of strengths are nevertheless the less optimistic. Children also recognise an improvement in their pro-social behaviors. The situation looks stable for parents, but they exhibit high starting scores. Regarding the changes in the total amount of difficulties, improvements are recognised by all respondents. Variation is significantly consistent for children, whose average score decreases by 16%. The change is smallest for fathers, who perceive less difficulties than the others.

By comparing the SDQ data of P.I.P.P.I.3 and P.I.P.P.I.4 (Figure 7), more significant improvements are observed for the last implementation: the evaluation of strengths and/or difficulties remains substantially stable from the beginning to the end of the program for some respondents, in particular for fathers who do not recognise any improvements for either difficulties or pro-social behaviors.

3.1.1. Counterfactual analysis

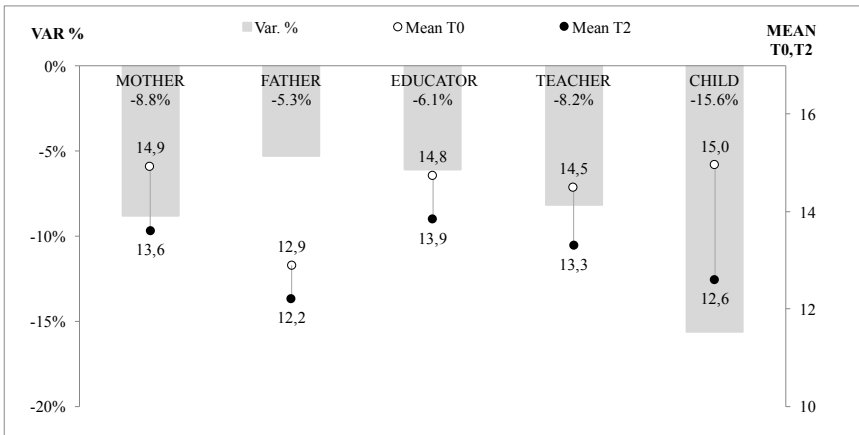
The pre-post comparison of the final and intermediate results indicates a significant improvement in all outcome variables considered

Figure 5. SDQ – Pro-social behaviors: average levels at T0 and T2 and percentage variation of the score by type of respondent



Note: P.I.P.P.I.3 and 4 implementations considered. Percentage variations on the left vertical axis; levels on the right one.

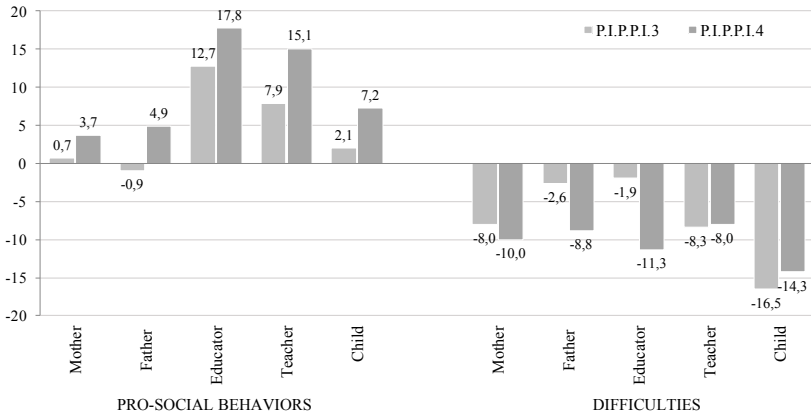
Figure 6. SDQ – Difficulties: average levels at T0 and T2 and percentage variation of the score by type of respondent



Note: P.I.P.P.I.3 and 4 implementations considered. Percentage variations on the left vertical axis; levels on the right one.

from T0 to T2. The aim of the Counterfactual analysis is to determine whether this improvement can be actually related to the participation in the program: what would happen to children in P.I.P.P.I. if they did

Figure 7. SDQ: comparison of the percentage changes in pro-social behaviors and difficulties between P.I.P.P.I.3 and P.I.P.P.I.4



not take part in the program, but were instead followed by the ordinary practice of social services? What outcomes would we have observed on P.I.P.P.I. children in the “counterfactual” (alternative) situation of non-participation in the intervention?

To answer these questions, a quasi-experimental study was carried out during the 4th implementation of the P.I.P.P.I. Program in order to integrate the Participative and Transformative Evaluation of the program (cf. Serbati, in this RIEF number) with the (quasi) experimental evidence of Impact evaluation, which assumes the counterfactual approach in assessing the effectiveness of a policy (Trivellato, 2009). Therefore, a set of “non-treated” families in care of standard services was also surveyed at times T0 and T2: in total 143 non-treated families vs. 97 treated in a subset of 12 homogeneous territories in the North of Italy.

Since non-random selection has intervened in the professionals’ choice of families to include (not include) in the program, specific statistical methodologies were applied to control for “selection bias” (Heckman, 1997): the Matching and the Difference-In-Differences estimator (Rosenbaum, Rubin, 1985; Card, 1999). The estimation procedure adopted in the evaluation allows to identify how much of the differences observed between the two groups in the outcome variables can be related to the participation in P.I.P.P.I. and not to differences that would have been anyway observed in the absence of the program as a consequence of the specific characteristics of each group.

Table 6 reports the results obtained from the Counterfactual analysis. The estimates refer to the average effect of the intervention in the group of P.I.P.P.I. children on the outcome variables measured at T2. By “effect” we intend the difference at T2 between what is observed as a result of the intervention and what would have been observed in the counterfactual situation of care with standard services in mean on P.I.P.P.I. children. The variables considered as outcomes are all the sub-dimensions of the CWQ and some Postassessment scores on which the program could have had an impact.

The results of counterfactual analysis confirm the effectiveness of the intervention on most of the outcome variables analysed in the previous section, in particular on children’s total risk of out-of-home placement (the overall risk evaluation of the Postassessment) and the satisfaction of the child’s developmental needs (the child side of the “triangle”), as well as on parents’ achievement of a certain degree of “autonomy” in their work with services (the actual situation of the family recorded in Postassessment).

By summarising the empirical evidence, we observe how is reported in the following points.

- The overall child’s risk of out-of-home placement decreases by 0.47 points on the Likert scale (from 1 to 6) thanks to the participation in the program. In other words, if the P.I.P.P.I. child had not entered the program, but had been instead followed with the ordinary practices of social services, he/she would have achieved an average score of total risk evaluation significantly higher at T2.
- Concerning the CWQ, the impact of the program is particularly high on the side of child’s needs: participation in P.I.P.P.I. seems to induce an increase of 0.53 points on the mean score of the Child side. Only for the sub-dimension “Health, Physical Development” P.I.P.P.I. and the ordinary services do not differ significantly; however, if attention is drawn to the subgroup of children for which practitioners have actually planned on this aspect, the improvement is higher after the participation in the program.
- Even with regard to risk and protection factors, those related to the child’s developmental needs appear to reduce and increase, respectively, as a result of the participation in the program.
- On average, the situation of the family at T2 is more frequently satisfactory thanks to P.I.P.P.I.: the conclusion of the care process because the situation has improved or the continuation of the work with services characterized by lighter interventions are events significantly

Table 6. Estimates of the effect of the program on the CWQ and Postassessment outcomes

| | | |
|---|-------|-----|
| CWQ - CHILD scores | | |
| Health & Physical Development | 0,19 | |
| Social Skills (feelings, communication, behavior) | 0,58 | ** |
| Identity, Self Esteem & Social Presentation | 0,57 | ** |
| Selfcare Skills | 0,45 | ** |
| Family & Peer Relationship | 0,75 | *** |
| Learning | 0,41 | ** |
| Play & Free Time | 0,75 | *** |
| Mean value | 0,53 | *** |
| CWQ - FAMILY scores | | |
| Basic Care | 0,15 | |
| Emotional Warmth | 0,30 | |
| Guidance & Boundaries | 0,41 | |
| Play, Encouragement and Fun | 0,65 | ** |
| Parents' Self-Realisation | 0,74 | ** |
| Mean value | 0,45 | * |
| CWQ - ENVIRONMENT scores | | |
| Support from family, friends and other people | 0,38 | |
| Belonging and Participation in the community | 0,44 | |
| Employment & Income | 0,51 | ** |
| Housing | 0,52 | ** |
| Relationship with Schools and other Services | 0,50 | ** |
| Mean value | 0,47 | ** |
| Postassessment: RISK factors | | |
| Child | -0,63 | ** |
| Family | -0,44 | * |
| Environment | -0,23 | |
| Mean value | -0,43 | ** |
| CWQ - CHILD scores | | |
| Health & Physical Development | -0,07 | ** |
| Social Skills (feelings, communication, behavior) | -0,10 | * |
| Identity, Self Esteem & Social Presentation | -0,12 | |

| | | |
|---|-------|-----|
| CWQ - CHILD scores | | ** |
| Health & Physical Development | -0,17 | |
| Social Skills (feelings, communication, behavior) | -0,20 | ** |
| Identity, Self Esteem & Social Presentation | -0,22 | *** |
| Selfcare Skills | -0,25 | *** |

Note: The estimate indicates how much the relative average score changes from T0 to T2 as an effect of the program. Only the estimates with asterisks are statistically significant: the higher the number of asterisks, the greater the statistical significance (confidence levels of 99-95-90% if ***, **, * is reported). (a) The care process concluded because the situation had improved; the care process continues with lighter interventions. (b) Parents have expressed their unwillingness to continue the experience; the care process continues with more intensive interventions.

more likely after P.I.P.P.I. On the other hand, a worsening of the situation towards intensive interventions or the unwillingness of the family to collaborate are less frequent events with the participation in P.I.P.P.I.

- Only with respect to some sub-dimensions of the Family and the Environmental sides of the CWQ, P.I.P.P.I. and ordinary services do not differ significantly; for both work practices, an improvement from T0 to T2 is nevertheless observed.

The difference in the number of out-of-home placements between the two compared groups confirms what emerges from the counterfactual analysis: while only two families that followed the P.I.P.P.I. program have experienced the out-of-home placement of one or more children during the intervention, the same outcome was observed for a higher number of families (10) among non-treated, which corresponds to incidence rates equal to 2.1% in the P.I.P.P.I. group vs. 7.0% in the other one, respectively.

Finally, a part of the results of Counterfactual analysis concerns the identification of the key variables which come into play in the selection process of target families. It is in fact possible to outline more clearly the characteristics of the vulnerable families chosen by professionals to work with P.I.P.P.I., as compared to the vulnerable ones excluded from the program (Serbati *et al.*, 2016).

It seems that vulnerable families owing to the presence of a traumatic and/or stressing event have been chosen to a greater extent. Risk con-

ditions related to the perturbations of the family equilibrium because of conflict and absence of parents, stepfamily and adoption, as well as problems of disability or pathologies of parents are, instead, predictors of the non-participation in P.I.P.P.I. Professionals tend to choose households with background of trans-generational care; conversely, they seem to exclude those situations in which out-of-home placements have been experienced. The more parents have established a good relationship with professionals, the more families are likely to be involved in the intervention. Lastly, the households whose vulnerability is the result of risky behaviors or conditions, such as alcohol or substance dependence, detention, degraded environment etc., seem to be more frequently present among excluded families. These results are in line with the aim of the Preassessment, a tool developed to help professionals in observing families and reflecting on the opportunity to involve them into the program. The decision about the inclusion is not made on the basis of parental problems and vulnerability, but taking into account the effects of neglect on child development.

3.2. Proximal outcomes: the Program process

All instruments required by the evaluation plan show high response rates in the compiling process, in particular the CWQ and the Pre-Post-assessment, which had been completed for the whole sample of children and families respectively. The SDQ questionnaire is less frequently employed, especially by fathers. This happens because they are often not present in the children's life or because there is a difficulty in involving them in the program itself. When the compiling process is optional, the percentage rates clearly decrease.

We also observe a significant use of the RPMonline tool, which has become an indispensable part of the professional practices. The micro-plan, with the definition of expected outcomes, actions to take and people responsible of them, has a significant impact on the care path in terms of changing conditions of life for children and families. In addition, it allows to have a tool to show the results of the intervention. This can be used as an evidence, at the policy and program evaluation level, at the operational one with families and professionals and as a learning-reflecting opportunity. The analysis shows improvements achieved in a greater extent for sub-dimensions where a specific micro-plan is defined.

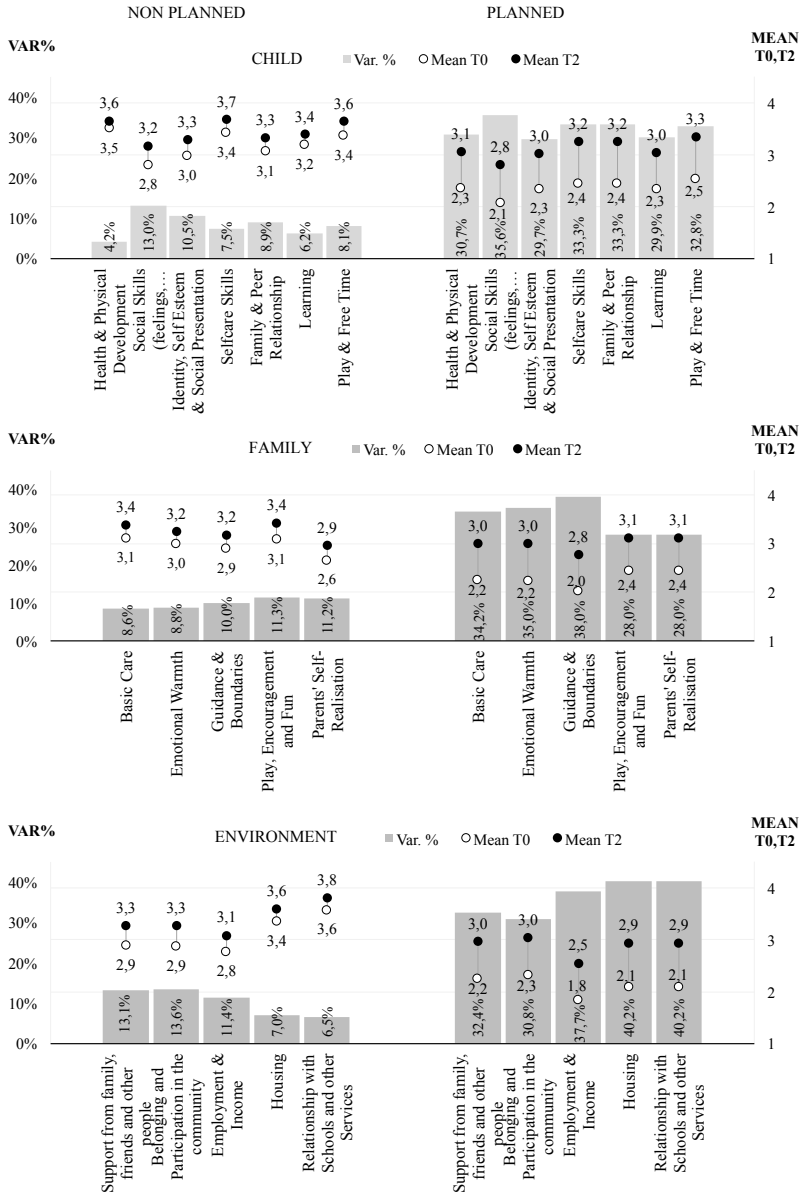
Table 7. Rates of tool response

| | P.I.P.P.I.2 | P.I.P.P.I.3 | P.I.P.P.I.4 | Totale |
|---|-------------|-------------|-------------|--------|
| Child's World Questionnaire | 100 | 100 | 100 | 100 |
| Pre-Postassessment | 100 | 99,8 | 100 | 99,9 |
| <i>Strengths and Difficulties Questionnaire</i> | | | | |
| SDQ mother | 94,0 | 88,1 | 105,8 | 95,5 |
| SDQ father | 50,8 | 56,7 | 82,6 | 65,4 |
| SDQ educator | 88,0 | 84,6 | 53,0 | 73,4 |
| SDQ teacher (a) | 85,4 | 77,0 | 100 | 89,0 |
| SDQ child (b) | 100 | 83,0 | 100 | 100 |
| <i>Multidimensional Scale of Perceived Social Support</i> | | | | |
| MSPSS mother | 67,2 | 16,7 | 46,3 | 35,6 |
| MSPSS father | 33,3 | 9,2 | 16,7 | 15,7 |
| <i>Protective Factors Survey</i> | | | | |
| PFS mother | 67,2 | 17,0 | 6,8 | 21,0 |
| PFS father | 35,4 | 9,3 | 18,8 | 16,9 |
| <i>Multidimensional Autonomy Test</i> | | | | |
| TMA child (b) | 100 | 19,9 | 21,1 | 34,2 |
| <i>Helping Relationship Inventory</i> | | | | |
| HRI mother | 56,6 | 10,7 | 12,9 | 18,6 |
| HRI father | 27,8 | 5,7 | 20,1 | 14,5 |
| HRI assistente sociale | 65,7 | 20,0 | 8,0 | 22,7 |

(a) Response rates calculated as the ratio of the number of respondents on the number of children more than nine years old, to whom the questionnaire is targeted. Actually children less than nine years could be surveyed. (b) Response rates calculated as the ratio of the number of respondents on the number of children more than five years old. Actually children in kindergarten could be surveyed.

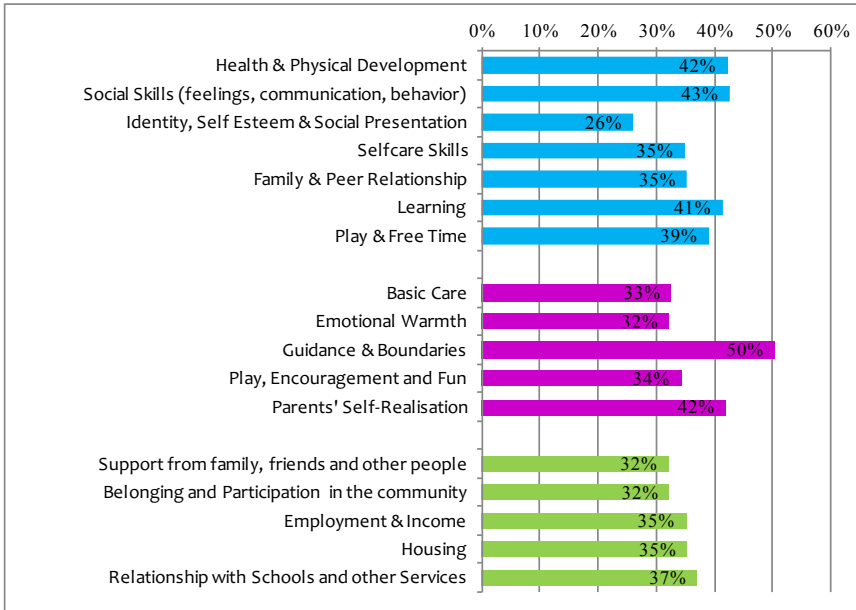
In the following figure, the percentages of children with at least one micro-plan for each sub-dimension are reported. The most planned sub-dimensions are Guidance and Boundaries (50% of children) and Parent's self-realisation (42%) on the Family side; Social Skills (43%), Health and Physical Development (42%) and Learning (41%) on the

Figure 8. CWQ: average levels at T0 and T2 and percentage change in the mean score by sub-dimension and relative planning



Note: Planned sub-dimensions on the right, non-planned sub-dimensions on the left. All P.I.P.P.I. implementations considered. Percentage variations on the left vertical axis; levels on the right one.

Figure 9. Children by planned sub-dimension



Note: Several micro-plans, targeted to different sub-dimensions, are observed for the same child.

Child side. The empirical evidence does not change by restricting attention to a single program implementation.

Focussing on the mean values at T0 of each CWQ sub-dimension with and without a related micro-plan, we also observe that the sub-dimensions are mainly planned when considered as more problematic (levels of CWQ from 1 to 3 in the Likert scale). This data is coherent with the aim of the program to help families in improving their life condition.

If we consider the *ratio* “planned sub-dimension/assessed sub-dimension” for each level of the CWQ six-point Likert scale – where 1,2,3 go from serious, moderate, slight problem, 4 is baseline/adequate and 5, 6 mild, clear strength (Serbati, Ius, Milani, 2016) – as we would expect the most problematic dimensions received a micro-plan, from 40% to 60%, and the slight problematic ones are planned in the 30% of the cases. When we consider the level 4, and mostly 5 and 6, we see that the percentage of planned sub-dimensions decreases. These data may be reflected on the one hand as an attitude of professionals to intentionally

Table 8. Percentage of CWQ assessments with micro-plan by level of the score

| Score in assessment | P.I.P.P.I.2 | P.I.P.P.I.3 | P.I.P.P.I.4 | Total |
|---------------------|-------------|-------------|-------------|-------|
| 1 | 56% | 59% | 53% | 56% |
| 2 | 47% | 48% | 39% | 44% |
| 3 | 26% | 39% | 27% | 31% |
| 4 | 8% | 18% | 8% | 11% |
| 5 | 10% | 15% | 10% | 12% |
| 6 | 7% | 8% | 6% | 8% |
| Total | 27% | 36% | 26% | 30% |

plan in order to improve where problems are found, and on the other hand as the difficulty of intentionally planning also where resources are present (Milani, Ius, Zanon, Sità, 2016).

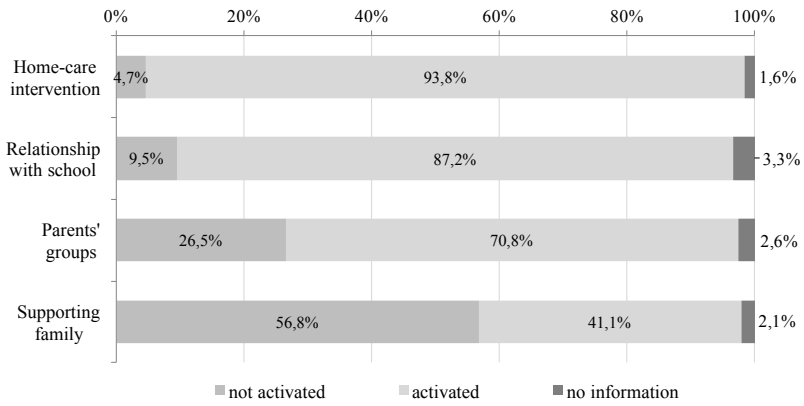
As regards the actions connected to the program – home-care intervention, relationship with schools, parents’ groups and supporting family – there is a high intensity of intervention, with an extensive use of all the four activities, frequently co-implemented and available for the entire duration of the program, from T0 to T2. Home care intervention and cooperation between schools, families and social services are realised in almost all cases, for around 90 percent of families overall involved in the program.

The action which systematically presents the lowest activation across editions is the supporting family, available in only 40% of cases. However, several local areas have promoted and/or are planning specific activities to enhance this intervention, by coordinating informal resources in the territorial community. Parents’ groups are instead becoming an increasingly common practice: while only 50% of P.I.P.P.I.2 families had participated in groups, the observed percentage increases to nearly 80% in P.I.P.P.I.4. In general, households that could benefit from actions throughout the implementation of the program experienced improvements of a greater extent than those reported by other families without continuity in the intervention.

4. Discussion

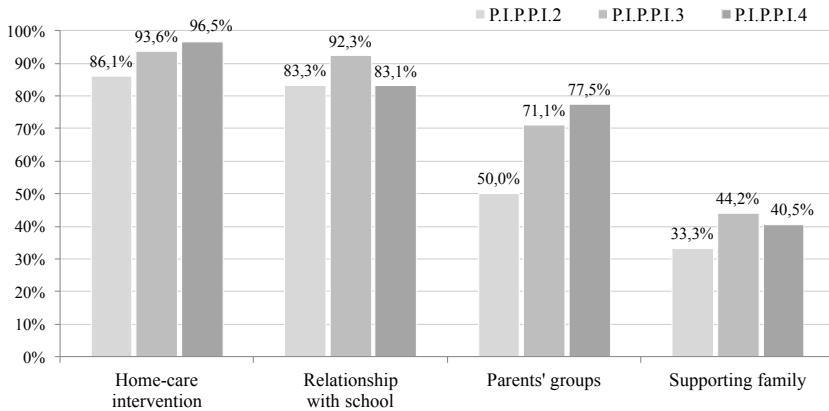
In Italy, it is quite unique that a big community of practice and research, as P.I.P.P.I., documents and shows, both internally and exter-

Figure 10. Percentage of families by activation of the actions



Note: All P.I.P.P.I. implementations considered.

Figure 11. Percentage of families for which an action has been activated by implementation and action



nally, data and results about the outcomes and the process related to its work. The data, gathered by different models and methods, and the results of this study agree in finding a small, but real and consistent, change. Small because the period of work with each family was about one year and a half, real because it is documented by the teams of professionals across the Country by using appropriate and unvarying tools,

consistent because it occurs in all the dimensions of children's life, and also because it is present across the different implementations.

The detailed quantitative analysis reported in this paper demonstrates a significant improvement in most of the outcome variables which P.I.P.P.I. is intended to change. The pre-post comparison of the final and intermediate results indicates, in fact, a positive change in families and children from the beginning to the end of the program. The empirical evidence of the counterfactual analysis, which tries to give a causal interpretation to the observed differences with a (quasi) experimental approach, confirms the existence of a real "effect" of the program on the situation of the subjects involved in P.I.P.P.I.

The impact seems to be particularly intense on children's total risk of out-of-home placement and developmental needs. The effects on parents' responses to children's needs are instead dubious because of being statistically weak and not confirmed by the application of different estimation methods. Nevertheless, the overall situation for families at T2 improves, as parents' degree of "autonomy" from services increases. If on the one hand the risk factors decrease, on the other resources and strengths significantly improve thanks to the program. This empirical evidence can be related with the data on micro-plans, which are more focused where problems, rather than resources, are perceived. Questions arise about unbalanced professionals' attention on children's factors and the practical difficulties to discern and leverage on strengths and resources of parents and their relationships.

As far as the subjects are concerned, all program editions confirm the appropriateness of the evaluation process carried out by professionals through the pre-assessment tool with respect to the choice of the families to include. The collected data allow to recognise in these households the characteristics considered representative of the vulnerable families in literature (Milani, 2014). The descriptive statistics of target families confirm the correlation reported in the literature between economic, social, cultural, and educational poverty and family neglect. The overrepresentation of this multidimensional poverty among families in the P.I.P.P.I. program demonstrates what is known in the literature, namely that child neglect is not so much a problem for families, but it is a problem of social, economic and cultural conditions that contribute to generate it through the so-called "social disadvantage circle".

With regard to the aspects more strictly related to the process, the data on the proximal outcomes allow to reflect on the impact of the program on the system of services. They document a positive trend in the

use of the evaluation and planning tools with families across editions in all the involved areas. This attests that the quality and the rigour of the care process with families is becoming more harmonic and equal in all the country, which in turn implies a greater equity in accessing services by families.

The process of interventions with families, i.e. the four actions provided by the program, proved to be increasingly intense across editions, in particular parents and children's groups. The activation of the supporting family is still a specific weakness. Anyway, almost all local areas succeed in organising both the activation of most of the interventions and the Multidisciplinary Teams, despite the many organisational difficulties experienced by many authorities, especially in the South of the Country, that we have been unable to document in this paper.

Taking into account these difficulties and the heterogeneity in intensity and practices of work, we are therefore moving on to evaluate the differential effects inside the program itself. This strategy does not require to identify a control group of families not involved in the program nor to gather additional data like in the counterfactual analysis. Moreover, the rich amount of information already available from the research instruments of the evaluation plan allows to better understand what kind of families are compared in the analysis, whether they are families with certain type of micro-plans or families that have taken advantage from specific activities. Finally, the increasingly professionals' use of the Log of Meetings in RPMonline to document the work of the team – both with or without the presence of the family – will make possible in the future to correlate this information with other data available for evaluation, in order to produce an analysis of costs and benefits, which is an aspect of the evaluation work which has to be still developed.

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Authors' Contributions

The article is the result of a collective work, involving all the authors and Diego Di Masi, Sara Serbati, Chiara Sità and Ombretta Zanon. We thank all of them.

The Authors are responsible of the different sections of the article, as follows: PM and MI, section 1; SC, section 2; FS, section 3.1; FS and MI, section 3.2; FS, MI and PM, section 4. FS and SC preformed data analyses. FS, SC, MI, and PM contributed to data interpretation. All the Authors approved the final manuscript, and agreed to be accountable for all the aspects of the study.